

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598110

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		3		/		
7		0		/		
8		0		/		
9	1		1			
10		/		/		
11		/		/		
12		/		/		
13		2		/		
14		0		/		
15		0		/		
16		0		0		
17		0		/		
18	1		1			
19	1		1			
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TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		17	←		←
TOTAL CLAIMS		21				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						